KEY WORDS OF MODERN ANTIFUNGAL THERAPY

THE ADVANTAGE OF BEING LIPOPHILIC

Dermatophytosis
caused by
Trichophyton concentricum

Fungi have a strong affinity for the lipid-rich layers of the skin, the mucosa and other tissues. In addition, fungal cell membranes consist largely of lipids.

Since most antifungal drugs are targeted at the fungal cell membranes, it is advantageous if they too are lipophilic in nature. Its lipophilicity is what helps an oral drug like itraconazole to exert its antifungal effect precisely where it is needed: in the fungal membranes and in the target tissues.

It also helps that itraconazole is decidedly keratinophilic. For this is why it is strongly attracted to the skin's stratum corneum where many fungi find the keratin they need to subsist.

Possessing both properties gives itraconazole the additional advantage that it remains in the epithelial cells for as long as it takes these cells to be desquamated. Its antifungal activity will therefore continue for several days or even weeks after stopping treatment, thus permitting oral dosage schedules to be limited to a short period of time.

In other words, in much the same way as we have become accustomed to using oral antibiotics, we can now also combat fungal infections with **short, fixed oral treatment schedules.**

Sporanox*

itraconazole 100 mg

SHORT AND SIMPLE ORAL THERAPY

(See prescribing information below)
Basic dose in dermatomycoses: 1 capsule (100 mg) once daily for 15 days
Standard dose in vaginal candidosis: 2 x 2 capsules (400 mg) for 1 day only

*** Trademarks: SPORANOX, SEMPERA, TRISPORAL**

JANSSEN PHARMACEUTICA
B-2340 Beerse, Belgium
expertise in antimycotic research

Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton floccosum*), yeasts (*Candida* spp., *Pityrosporum* spp.), *Aspergillus* spp. and various other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day; pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days; tinea corporis, tinea cruris, tinea pedis, tinea manus: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palmar tinea manus, require 1 capsule (100 mg) daily for 30 days. Oral candidosis: 1 capsule (100 mg) daily for 15 days. Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. **Contra-indications:** Sporanox (itraconazole) is contra-indicated during pregnancy. **Warnings and precautions:** Although clinically Sporanox (itraconazole) has not been associated with hepatic dysfunction, it is advisable not to give this drug to patients with a known history of liver disease. **Nursing mothers:** It is recommended not to breast feed whilst taking Sporanox (itraconazole). **Drug interactions:** Sporanox (itraconazole) should not be given concomitantly with rifampicin.

Full prescribing information is available on request.

INT 91/2177.1/AV9108-2

CIA software—well written and "user-friendly"

Confidence Interval Analysis (CIA) is a computer program that takes the sweat out of calculating confidence intervals. Devised by Martin Gardner, professor of medical statistics, MRC Environmental Epidemiology Unit, University of Southampton. The program is menu driven with easy access to each chapter and to the method required within each chapter. Topics covered include calculating confidence intervals for:

- means and their differences
- proportions and their differences
- regression and correlation
- relative risks and odds ratios
- survival analyses
- non-parametric analyses

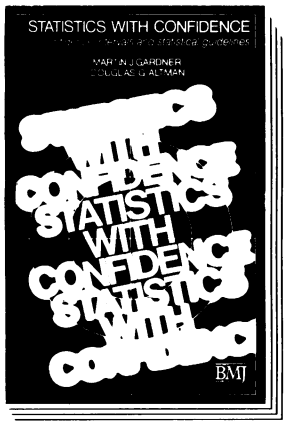
For each method relevant intermediate statistics and the required confidence interval are produced on the screen. Complete with its own manual, the program may also be used in conjunction with the book *Statistics with Confidence* (see below), which provides numerous worked examples. The software is available for IBM compatibles on either a 5¼" or a 3½" disk.

". . . well written, "user-friendly" . . . an invaluable companion to the book and recommended highly."
British Journal of Anaesthesia

". . . highly recommended to doctors (and statisticians). *CIA* . . . will save a lot of time and pain."
British Medical Journal

". . . an efficient and precisely focused piece of software."
Applied Statistics

Price: £65.00. Educational establishments, research institutes, and the NHS—£45.95. Prices include VAT in the UK and air mail despatch abroad.



Over 10,000 copies sold worldwide

". . . a welcome addition to the bookshelves . . . as it is very practical in its approach . . ."
The Pharmaceutical Journal

"The great value of this book is that it presents, in an easily understood form, the methods which will be needed in most situations."
Journal of Epidemiology and Community Health

". . . I found this book admirably suited to its purpose."
Clinical Practice and Physiological Measurement

"This book is strongly recommended for all those who are involved in medical research and the preparation of papers for publication."
The Medical Journal of Australia

UK £7.95; Abroad £9.50 (BMA members £7.45 or £9.00) including postage, by air abroad

---

ORDER FORM

BRITISH MEDICAL JOURNAL, PO Box 295, London WC1H 9TE, *any leading bookseller, or the BMJ bookshop in BMA House.*

Please send me _____ copy/ies of *Confidence Interval Analysis (CIA)*

☐ £65.00 (full price) ☐ £45.95 (educational establishments, research institutes, and the NHS).

Size of disk required ☐ 5¼" disk ☐ 3½" disk *(please tick relevant box)*

Please send me _____ copy/ies of *Statistics with Confidence – Confidence intervals and statistical guidelines*

I enclose _____ (please make cheques payable to **British Medical Journal**)

Debit my credit card ☐ American Express ☐ Mastercard ☐ Visa Card No. _____

Card Expiry Date _____ Signature _____

BMA Membership No. (where applicable) _____

NAME (BLOCK LETTERS PLEASE) _____

ADDRESS _____

_____

_____ POSTCODE _____

gastric distress & oesophagitis

hyperacidity or dysmotility?

Most complaints of gastric distress, as well as oesophagitis, are conventionally attributed to hyperacidity in the stomach. However, the contemporary view in gastroenterology holds that most upper G.I. problems, including heartburn, postprandial fullness, early satiety, abdominal distension and epigastric discomfort, are commonly motility related.[1-3] And this stands to reason. After all, proper peristalsis is a physiological necessity for our digestive process.

Prepulsid, the novel G.I. prokinetic, uniquely restores healthy peristalsis to efficiently clear the oesophagus and empty the stomach.[4-6]

TRADEMARK
Prepulsid
CISAPRIDE

restores upper G.I. motility like no other agent.

JANSSEN
PHARMACEUTICA
B-2340 Beerse, Belgium

expertise in digestive motility

J.Pr. 1991

References: 1. Knuff, J.E., *et al.*: Dig. Dis. Sci. 29, 194 (1984); 2. Kahrilas, J.P., *et al.*: Gastroenterology 91, 897 (1986); 3. Malagelada, J.R., *et al.*: Gastroenterol. 88, 1223 (1985); 4. Ceccatelli, P., *et al.*: Gut 29, 631 (1988); 5. Collins, B.J., *et al.*: Hepato-Gastroenterol. 34, 113 (1987); 6. Jian, R., *et al.*: Dig. Dis. Sci. 34, 657 (1989).

Prescribing information - Prepulsid (cisapride) is a gastro-intestinal prokinetic agent. Prepulsid enhances and co-ordinates gastro-intestinal propulsive motility, thereby preventing stasis and reflux. **Therapeutic indications:** 1. Gastroparesis. 2. Symptoms of X-ray or endoscopy negative upper digestive discomfort. 3. Gastro-oesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction. **Contra-indications:** No absolute contra-indications are known. **Precautions:** *Pregnancy:* Although, in animals, there is no effect on primary fertility, no primary embryotoxic and no teratogenic effect, the anticipated therapeutic benefits should be weighed against the potential hazards before Prepulsid is given during pregnancy, especially during the first trimester. *Nursing mothers:* Although the excretion in breast milk is minimal, nursing mothers are advised not to breast feed while taking Prepulsid. *Driving and machine-operating ability:* Prepulsid does not affect psychomotor function and does not induce sedation or drowsiness. Prepulsid may, however, accelerate the absorption of central nervous system depressants, such as barbiturates and alcohol. Caution should therefore be exercised when Prepulsid is administered with these drugs. **Interactions:** - The acceleration by Prepulsid of gastric emptying may affect the rate of absorption of drugs: absorption of drugs from the stomach may be diminished, whereas absorption of drugs from the small bowel may be accelerated (e.g. benzodiazepines, anticoagulants, paracetamol, H_2-blockers). - In patients receiving anticoagulants, the coagulation times may somewhat increase. It is advisable to check the coagulation time one week after the start of Prepulsid treatment to adapt the anticoagulant dose if necessary. - The effects of Prepulsid on gastro-intestinal motility are, for the most part, antagonized by anticholinergic drugs. - In hepatic and renal insufficiency, it is recommended to halve the initial daily dose. Subsequently, this dose can be adapted, depending on the therapeutic effects or possible side-effects. - In the elderly, steady-state plasma levels are generally higher, due to a moderate prolongation of the elimination half-life. Therapeutic doses, however, are similar to those used in younger patients. - In the case of drugs that require individual titration, it may be useful to monitor plasma levels of such drugs when Prepulsid is associated. **Adverse reactions:** In line with the pharmacological activity of Prepulsid, transient abdominal cramping, borborygmi and diarrhoea may occur. Mild and transient headache or lightheadedness have been reported occasionally. When diarrhoea occurs in babies or infants, the dose should be reduced. There have been isolated reports of convulsive seizures without clearcut relationship to Prepulsid. **Dosage:** - Adults: according to the severity of the condition, 5 or 10 mg of Prepulsid, 2 to 4 times daily, to be taken as tablets or as oral suspension (the full plastic 5-ml spoon contains 5 mg). As a rule the following doses have proven adequate: • less severe conditions: 5 mg t.i.d. (dose can be doubled); • severe conditions (gastroparesis, oesophagitis, refractory constipation): 10 mg t.i.d. to 10 mg q.i.d. (before the 3 main meals and before retiring). - Infants and children: on the average 0.2 mg/kg per intake, 3 to 4 times daily. For the suspension, intakes are indicated on the dosing pipet as a function of body weight.

Full prescribing information available on request.

Note: Prepulsid (cisapride) is not yet available in all countries and not all indications have been approved everywhere.